

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-0520.M5**

MDR Tracking Number: M5-04-3364-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-3-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Effexor XR 150 mg, Duralgesic 50 MCG/HRDIS, Catapres-TTS-124HR DIS, Trazadone 150mg, Hydrocodone/APAP and Neurontin 60mg from 11-20-03 through 4-15-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 11-20-03 through 4-15-04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12<sup>th</sup> day of August 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

August 6, 2004

David Martinez  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M5-04-3364-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to

Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ suffered a right wrist fracture as a result of a work related injury on \_\_\_. She was working for Wal-Mart when she tripped and fell landing on her right hand. Initial x-rays showed a non-displaced fracture of the right radius. Approximately 1-2 months after her injury, she developed symptoms of reflex sympathetic dystrophy.

Some of the records are not clear as to the initial sequence of events. It appears from the notes of Dr. B that the patient had some symptoms in her left hand and arm since 1997, but these improved with a stellate ganglion block and local nerve blocks. There are no actual treatment records or medical reports submitted from the time of the original injury. The claimant has continued to report chronic pain involving the right upper extremity. Her pain has been managed with right stellate ganglion blocks, physical therapy and medications. She has been on chronic disability since her initial injury. Currently the patient has been treated with a combination of Hydrocodone, Catapres TTS, Trazodone, Effexor, Neurontin, and Duragesic. Dr. C issued an addendum on 9-18-2003 regarding videotaped surveillance. Per his report, she was identified carrying a large handbag, getting mail out of her mailbox, and freely using both upper extremities. He indicated that the videotaped surveillance indicates findings that "do not reflect a consistent pattern that is seen in the medical report." That actual videotape has not been submitted for purposes of the present review.

#### DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of Effexor XR 150mg, Duragesic 50 MCG/HRDIS, Catapres-TTS, 124HR DIS, Trazadone 150mg, Hydrocodone/APAP and Neurontin 600mg from 11-20-2003 through 4-15-2004.

## DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

\_\_\_ suffers from posttraumatic right upper extremity reflex sympathetic dystrophy. There is some confusion in the records submitted as to whether or not there was left upper extremity involvement. Management of reflex sympathetic dystrophy usually requires a multimodality approach including interventional pain management, physical and occupational therapy, psychology or psychiatry services, and typically chronic pain medications is accepted and established as the standard of care in the treatment of reflex sympathetic dystrophy. However, the videotape surveillance would suggest inconsistencies between \_\_\_'s complaints and her actual level of function and need for pain medications.

### References:

McQuay, H.J., M. Tramer, B.A. Nye, D. Carroll, P. Woffen, R.A. Moore. 1996. A systematic review of antidepressants in chronic neuropathic pain. *Pain*. 68 (2-3): 217-227.

McQuay, H.J., D. Carroll, A.R. Jadad, P. Wiffen, A. Moore. 1995. Anticonvulsant drugs for management of pain: a systemic review. *British Medical Journal*. 311 (7012): 1047-1052.

McQuay, H.J. Pain and its control.

[www.ir2.ox.ac.uk/bandolier/booth/painpag/wosdom/C13.html](http://www.ir2.ox.ac.uk/bandolier/booth/painpag/wosdom/C13.html)

Control of pain in patients with cancer. Section 8: Adjuvant medications.

[www.sign.ac.uk/guidelines/fulltext/44/sections8.html](http://www.sign.ac.uk/guidelines/fulltext/44/sections8.html)

Singh, M.K., J. Patel, J. Grothusen, P.M. Foye. 2004. Complex regional pain syndromes. [WWW.emedicine.com/pmr/topic/123.htm](http://WWW.emedicine.com/pmr/topic/123.htm)

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,